

Name of Facility

FORM CMS-3070H (11/00)

DEFICIENCIES		COMMENTS
1. DATA TAG NO.	2. COP/STND NO.	

**INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION
DEFICIENCIES REPORT**

FOR INITIAL OR ANNUAL RECERTIFICATION SURVEY

I certify that I have reviewed the following requirements and condition for: (a) Full Survey ____, (b) Extended Survey ____, or (c) Fundamental Survey ____, and unless indicated on this form, the facility was found to be in compliance with the Standard and the Condition of Participation.

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FOR FOLLOW-UP SURVEY

For the purpose of this onsite visit, I certify that I have reviewed each Condition of Participation and related Standard(s) found not to be in compliance during the survey on ____, and unless indicated on this form, the facility was found to be in compliance with the Standard and/or the Condition of Participation.

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INTERMEDIATE CARE FACILITY FOR PERSONS WITH MENTAL RETARDATION DEFICIENCIES REPORT-INSTRUCTIONS

Evaluate each of the requirements identified in the ICF/MR Interpretive Guidelines, (Appendix "J" to the SOM). For each identified deficiency:

- A. In the first column, identify the data tag number.
- B. In the second column, write the regulatory citation. If it is a Condition of Participation, enter "CoP" below the regulatory citation.
- C. In column three, describe deficient facility practice and supporting findings.
- D. Draw horizontal lines to separate identified tag numbers.
- E. If more space is needed, photocopy FIRST page (front and back).
- F. Each surveyor must sign the certifying statement on the last page.
- G. If there are more surveyors to sign the last page, than are lines available on which to sign, photocopy the last page, and add the additional signatures.